

Washington, DC— Congressman Joe Sestak (D-PA) voted to override the President's veto of H.R. 3963, a bill to reauthorize and strengthen the State Children's Health Insurance Program (SCHIP). The veto override vote of the House-Senate compromise that would provide affordable health insurance to over 10 million low-income children across America, but passed by an overwhelming bipartisan margin 265-142.

— "I am deeply disappointed with our President, who continues to stand in the way of providing health care insurance to 3.4 million uninsured children who come from low-and low-middle income families." said Congressman Sestak. "With rising costs facing hardworking American families, the expansion of SCHIP will make health care more affordable for those who need it the most. I will continue to fight to provide affordable health care coverage to every child in America."

The Joint Economic Commission estimates that for every year of economic downturn, 36,400 additional Pennsylvania children will enter SCHIP/State Medicaid programs. This reaffirms the need to increase SCHIP funding to guarantee sufficient funding levels for the CHIP program to not only maintain current enrollment levels and to address additional needs among uninsured children.

With the SCHIP program set to expire in March 2009, Congressman Sestak will now work for a compromise that ensures that 6.6 million children will continue their coverage under SCHIP and will provide health insurance to as many of the 3.4 million uninsured American children as possible that would have been covered under H.R. 3963.

SCHIP is a national program, established with bipartisan support in 1997, created to address the growing number of children in the United States without health insurance coverage. It currently serves six million children nationally, including 133,000 children in Pennsylvania.

"Two years ago, my daughter was diagnosed with a malignant brain tumor," said Congressman Sestak. "After brain surgery, she began chemotherapy in a cancer ward where her roommate was a two and half year old boy diagnosed with acute leukemia. My wife and I overheard social workers discussing over a period of six hours whether the boy could stay and receive treatment because he didn't have health insurance. I am very fortunate that this nation, through my military health care plan, saved my daughter's life. This was the reason I wanted to serve in Congress, to ensure every child, including that two and a half year old boy, would not only have a high quality of life, but the opportunity for life. I strongly believe in SCHIP and in enhancing the program."

The SCHIP legislation invests an additional \$35 billion over five years in order to strengthen the program's financing through increasing the federal government's financial support; increasing health care coverage for low-income, uninsured children; and improving the quality of health care children receive. The additional resources would improve benefits for children by ensuring dental and mental health care coverage.

Additionally, H.R. 3963 includes provisions to address concerns raised by opponents of the bill in the original SCHIP expansion bill, H.R. 976, which was brought to the floor in October 2007.

To that end, H.R. 3963 will:

Ensure that upper-income children do not receive coverage

The revised bill provides that only children in families with gross incomes below \$51,500 for a family of three (300 percent of poverty) will receive SCHIP coverage.

Ensure the lowest-income children are served first

The revised bill provides that states will only receive bonus payments for enrolling the lowest income children, those eligible for Medicaid, first.

Phase out coverage of adults

The revised bill phases out the coverage of childless adults in SCHIP over one year (the original bill had phased this coverage out over two years).

Prevent "crowding out" of private coverage

The revised bill requires all states to develop plans and to implement recommended best practices for minimizing "the crowd-out" of private coverage. Premium assistance programs (using SCHIP funds to help subsidize employer-sponsored health coverage for a child) are also encouraged at the State level with bonus payments.

Ensure only citizens and legal immigrants receive coverage

The revised bill provides that, if the Social Security Administration cannot confirm an applicant's citizenship, the applicant will be required to provide the state with additional documentation to confirm eligibility.

The bill will also provide \$100 million for SCHIP outreach and enrollment. The majority of these

funds would be directed towards rural areas with high rates of children who are not enrolled but are eligible for the program, as well as areas with minority populations facing health disparities and linguistic barriers to enrollment.

Born and raised in Delaware County, former 3-star Admiral Joe Sestak served in the Navy for 31 years and now serves as the Representative from the 7th District of Pennsylvania. He led a series of operational commands at sea, including Commander of an aircraft carrier battle group of 30 U.S. and allied ships with over 15,000 sailors and 100 aircraft that conducted operations in Afghanistan and Iraq. After 9/11, Joe was the first Director of "Deep Blue," the Navy's anti-terrorism unit that established strategic and operations policies for the "Global War on Terrorism." He served as President Clinton's Director for Defense Policy at the National Security Council in the White House, and holds a Ph.D. in Political Economy and Government from Harvard University. According to the office of the House Historian, Joe is the highest-ranking former military officer ever elected to the U.S. Congress.